

GOVERNMENT OF GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES WRITTEN DESIGNATION FOR CAREGIVER

*Only one (1) person can be designated as Primary/Designated Caregiver for each Qualified Patient

QUALIFIED PATIENT INFORMATION	
Full Name	Date of Birth
Guam Home Address	Email Address
Guam Mailing Address	Phone No
CAREGIVER INFORMATION	
Full Name	Date of Birth
Guam Home Address	Email Address
Guam Mailing Address	Phone No
DECLARATION OF STATEMENT	
has agreed to assist me in the use and/or cultiva	d above as my primary/designated caregiver. The caregiver ation of medical cannabis in accordance with the provisions e caregiver is at least twenty-one (21) years of age.
Qualified Patient's Signature	Date
Caregiver's Signature	Date